

# **BUREAU OF QUALITY ASSURANCE**

## **OVERVIEW OF PROVIDERS SURVEY AND COMPLAINT ACTIVITY, AND FORFEITURE ACTIONS**

**APRIL – JUNE 2006**

State of Wisconsin  
Department of Health and Family Services  
Division of Disability and Elder Services

NOTE: Time frame 4/1/06 – 6/30/06

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## **Long Term Care Provider Certification and Licensure**

NOTE: Time frame 4/1/06 – 6/30/06

**Long Term Care (LTC) Providers  
By Licensure Type and Region**

<b>Licensure Type</b>	<b>Southern</b>	<b>Southeastern</b>	<b>Northeastern</b>	<b>Northern</b>	<b>Western</b>	<b>TOTAL</b>
132 Intermediate	1			1		2
132 Skilled	71	100	99	49	79	398
132 Skilled-IMD					2	2
134 Developmentally Disabled	7	4	6		8	25
<b>TOTAL</b>	<b>79</b>	<b>104</b>	<b>105</b>	<b>50</b>	<b>89</b>	<b>427</b>

**Long Term Care (LTC) Providers  
By Certification Type and Region**

<b>Certification Type</b>	<b>Southern</b>	<b>Southeastern</b>	<b>Northeastern</b>	<b>Northern</b>	<b>Western</b>	<b>TOTAL</b>
T18 SNF Only	4	8	2			14
T18 SNF/T19 NF	67	85	87	46	71	356
T19 NF Only		5	10	4	9	28
T19 ICF/MR	7	4	6		8	25
Non-Certified	1	2			1	4
<b>TOTAL</b>	<b>79</b>	<b>104</b>	<b>105</b>	<b>50</b>	<b>89</b>	<b>427</b>

NOTE: Time frame 4/1/06 – 6/30/06

**Long Term Care (LTC) Provider Bed Capacity  
By Certification Type and Region**

<b>Certification Type</b>	<b>Southern</b>	<b>Southeastern</b>	<b>Northeastern</b>	<b>Northern</b>	<b>Western</b>	<b>TOTAL</b>
T18 SNF Only	191	369	35			<b>595</b>
T18 SNF/T19 NF	6060	10866	8592	4711	5754	<b>35983</b>
T19 NF Only		205	1202	110	512	<b>2029</b>
T19 ICF/MR	704	452	164		245	<b>1565</b>
Non-Certified	9	100			77	<b>186</b>
<b>TOTAL</b>	<b>6964</b>	<b>11992</b>	<b>9993</b>	<b>4821</b>	<b>6588</b>	<b>40358</b>

NOTE: Time frame 4/1/06 – 6/30/06

## **Nursing Home Survey and Complaint Activity**

NOTE: Time frame 4/1/06 – 6/30/06

**Nursing Home Surveys Conducted by Region\*\*  
(Verification Visits not Included)**

<b>Survey Type</b>	<b>Southern</b>	<b>Southeastern</b>	<b>Northeastern</b>	<b>Northern</b>	<b>Western</b>	<b>Total</b>
Standard (STD)	27	28	28	7	22	<b>112</b>
STD/Initial T18 SNF						
STD/Initial T19 NF						
Initial T18 SNF						
Initial T19 NF						
Initial T18 SNF/T19 NF						
Initial Prelicensure						
CHOW*/Probationary License					4	<b>4</b>
Complaint	29	58	63	38	40	<b>228</b>
Other/Other-Off Cycle Inspection						
Monitoring					2	<b>2</b>
Surveillance					1	<b>1</b>
Verification Visit Violations issued	1	2	2	2	2	<b>9</b>
Partial Extended	2			1		<b>3</b>
Extended	3	3	1			<b>7</b>
<b>Total</b>	<b>62</b>	<b>91</b>	<b>94</b>	<b>48</b>	<b>71</b>	<b>366</b>

\*CHOW = Change of Ownership

\*\* Health Surveys Counted only

NOTE: Time frame 4/1/06 – 6/30/06

**Nursing Home Survey Standard/Extended/Partial  
Extended/Revisit and Initial Certification  
Survey Summary**

<b>Region</b>	<b>Surveys Completed</b>	<b>*SQC # of Homes</b>	<b>*SQC # of Tags Care</b>	<b>*SQC # of Tags Life</b>	<b>*SQC # of Tags Behavior</b>
Southern	33	4	4		
Southeastern	33	2	1	4	
Northeastern	31				
Northern	10	1	1		
Western	24				
<b>Total</b>	<b>131</b>	<b>7</b>	<b>6</b>	<b>4</b>	

\*SQC = Substandard Quality of Care

NOTE: Time frame 4/1/06 – 6/30/06

**Nursing Home Informal Dispute Resolutions by Region  
Number of Citations and Resolutions (Federal)**

<b>Resolution</b>	<b>Southern</b>	<b>Southeastern</b>	<b>Northeastern</b>	<b>Northern</b>	<b>Western</b>	<b>Total</b>
Aspen-No Change	8	4	2	1	3	<b>18</b>
Aspen-Examples Removed/ Other Wording Change	1				1	<b>2</b>
Aspen-Tag Removed		1		3		<b>4</b>
Aspen-S/S Change	1					<b>1</b>
Aspen-Tag Change			1			<b>1</b>
Aspen=-S/S Change/Examples Removed/Other Wording Change	4					<b>4</b>
<b>Total</b>	<b>14</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>30</b>

**Nursing Home Informal Dispute Resolutions by Region  
Number of Citations and Resolutions (State)**

<b>Resolution</b>	<b>Southern</b>	<b>Southeastern</b>	<b>Northeastern</b>	<b>Northern</b>	<b>Western</b>	<b>Total</b>
Aspen-No Change	1	4		1		<b>6</b>
Aspen-Examples Removed/Other Wording Change	2				1	<b>3</b>
Aspen-Tag Removed				3		<b>3</b>
Aspen-S/S Change/Examples Removed/Other Wording Change	1					<b>1</b>
<b>Total</b>	<b>4</b>	<b>4</b>		<b>4</b>	<b>1</b>	<b>13</b>

NOTE: Time frame 4/1/06 – 6/30/06

## Nursing Home Violations of State Codes by Region

<b>Violation Type</b>	<b>Southern</b>	<b>Southeastern</b>	<b>Northeastern</b>	<b>Northern</b>	<b>Western</b>	<b>Total</b>
Class A	3	2	2			<b>7</b>
Class B	17	34	11	5	16	<b>83</b>
Class C	1					<b>1</b>
Correction Order	16	18	14	6	13	<b>67</b>
<b>Total</b>	<b>37</b>	<b>54</b>	<b>27</b>	<b>11</b>	<b>29</b>	<b>158</b>

## HFS 132/C50 State Codes with 5 or More Citations

<b>State Code</b>	<b>Brief Description</b>	<b>Number</b>
132.60(1)(b)	Resident Care/Decubiti Prevention	16
132.60(8)(c)	Implementation of Care Plans	12
132.60(1)	Resident Care/Individual Care	11
132.60(1)(c)4	Resident Care/Basic Nrsg Care	10
132.31)1)(l)	Care	8
132.60(1)(c)2	Resident Care/Basic Nrsg Care	8
C50.065(3)(b)	Complete Background Check Process	7
132.60(5)(a)1	Resident Care/Orders	6
132.83(7)(h)1	Ventilation	5

NOTE: Time frame 4/1/06 – 6/30/06

## Nursing Home Class A and Class B State Violations Cited

Description of Violation	Number
Resident Care/Basic Nrsg Care	17
Resident Care/Decubiti Prevention	16
Implementation of Care Plans	12
Resident Care/Individual Care	10
Care	8
Resident Care/Notification of Change	3
Admissions/Destructive Residents	3
Facility Should Provide Pain Assessment/Treatment	2
Personal Possessions	2
Resident Care Emergencies	2
Resident Care/Orders	2
Updating of Care Plans	1
Abuse	1
Resident Care/Adm of Meds	1
Nourishment-Diets	1
Treatment	1
Diagnostic Services	1
SW/Adjustment Assistance	1
Maintenance	1
Admission Procedures/Initial Care Plan	1
Privacy	1
Attending Physician	1
Nursing Assignments	1
SW/Discharge Planning	1
<b>Total</b>	<b>90</b>

NOTE: Time frame 4/1/06 – 6/30/06

## Nursing Home Federal Grid Placement for All Survey Types by Region\*

Grid Level	Southern	Southeastern	Northeastern	Northern	Western	Total
A			1			<b>1</b>
B	2	7	6	1	1	<b>17</b>
C	8	8	8	3	4	<b>31</b>
D	47	79	60	41	55	<b>282</b>
E	22	40	10	4	32	<b>108</b>
F	1	10	2	2	3	<b>18</b>
G	11	24	7	3	7	<b>52</b>
H	1					<b>1</b>
I						
J	6	2	2	3		<b>13</b>
K				2		<b>2</b>
L						
<b>Total</b>	<b>98</b>	<b>170</b>	<b>96</b>	<b>59</b>	<b>102</b>	<b>525</b>

\*Health Only

NOTE: The above data was reported from ASPEN. It includes federal surveyor grid placements.

NOTE: Time frame 4/1/06 – 6/30/06

## Nursing Home F-Tags with 10 or More Citations

Tag	Brief Description	Number
F0225	Staff Treatment of Residents	33
F0309	Quality of Care	29
F0324	Accidents	27
F0315	Urinary Incontinence	26
F0444	Preventing Spread of Infection	26
F0314	Pressure Sores	24
F0157	Notification of Changes	19
F0241	Dignity	18
F0371	Sanitary Conditions- Food Prep & Service	16
F0426	Pharmacy Services - Procedures	16
F0279	Comprehensive Care Plans	14
F0281	Comprehensive Care Plans	13
F0323	Accidents	13
F0514	Clinical Records	12
F0312	Activities of Daily Living	10
F0332	Medication Errors	10

NOTE: The above data was reported from ASPEN.

NOTE: Time frame 4/1/06 – 6/30/06

## Nursing Home Complaints Received by ACTS Complainant Type

Type	Number
ACTS-Anonymous	30
ACTS-Current Staff	11
ACTS-Entity Self-Report	108
ACTS-Family	112
ACTS-Former Staff	9
ACTS-Friend	5
ACTS-Ombudsman	17
ACTS-Other Health Providers	11
ACTS-Other	10
ACTS-Other State Agency	3
ACTS-Physician	1
ACTS-Quality Improvement Org	2
ACTS-Resident/Patient/Client	17
ACTS-State Survey Agency	3
<b>Total</b>	<b>339</b>

NOTE: The above data was reported from ACTS

NOTE: Time frame 4/1/06 – 6/30/06

## Nursing Home Complaint Survey Summary

<b>Region</b>	<b>Surveys Completed</b>	<b>*SQC # of Homes</b>	<b>*SQC # / Tags Care</b>	<b>*SQC #/Tags Life</b>	<b>*SQC #/Tags Behavior</b>
Southern	29	1	1		
Southeastern	58	1	1		
Northeastern	63	1	1	1	
Northern	38	1			2
Western	40				
<b>Total</b>	<b>228</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>2</b>

\*SQC = Substandard Quality of Care

## Nursing Home Complaint Investigation Results By ACTS Subject Area of Complaint

<b>Subject Area</b>	<b># Unsubstantiated</b>	<b># Substantiated</b>	<b>Total</b>
Accidents	11	7	<b>18</b>
Administration/Personnel	8	17	<b>25</b>
Admission, Transfer & Discharge Rights	5	3	<b>8</b>
Death-General (No Category)	1	2	<b>3</b>
Dietary Services	4	5	<b>9</b>
Educational Services	1		<b>1</b>
Falsification of Records/Reports	2	1	<b>3</b>
Fraud False Billing	3	1	<b>4</b>

NOTE: Time frame 4/1/06 – 6/30/06

**Nursing Home Complaint Investigation Results  
By ACTS Subject Area of Complaint  
(Continued)**

Infection Control	6		<b>6</b>
Injury of Unknown Origin	8	6	<b>14</b>
Misappropriation of Property	12	7	<b>19</b>
Nursing Services	22	4	<b>26</b>
Other	1	4	<b>5</b>
Other Services	1	1	<b>2</b>
Pharmaceutical Services	1	1	<b>2</b>
Physical Environment	10	5	<b>15</b>
Physician Services	1		<b>1</b>
Quality of Care/Treatment	107	83	<b>190</b>
Quality of Life	36	7	<b>43</b>
Rehabilitation Services	1		<b>1</b>
Resident/Patient/Client Abuse	33	22	<b>55</b>
Resident/Patient/Client Neglect	6	6	<b>12</b>
Resident/Patient/Client Rights	18	6	<b>24</b>
<b>Total</b>	<b>298</b>	<b>188</b>	<b>486</b>

NOTE: The above data was reported from ACTS

NOTE: Time frame 4/1/06 – 6/30/06

**Facilities for People with Developmental Disabilities (FDD)  
Survey and Complaint Activity**

NOTE: Time frame 4/1/06 – 6/30/06

**FDD Surveys Conducted by Region\*\*  
(Verification Visits Not Included)**

<b>Survey Type</b>	<b>Southern</b>	<b>Southeastern</b>	<b>Northeastern</b>	<b>Northern</b>	<b>Western</b>	<b>Total</b>
Fundamental	4		1		3	8
STD/Initial T19 NF						
Initial T19 NF						
Initial Prelicensure						
CHOW*/Probationary License						
Complaint		4	2		2	8
Monitoring						
Other/Other-Off Cycle Inspection						
Surveillance						
Verification Visit Violations cited		1	1			2
Partial Extended						
Extended	1					1
<b>Total</b>	<b>5</b>	<b>5</b>	<b>4</b>		<b>5</b>	<b>19</b>

\*CHOW = Change of Ownership

\*\* Health counted only

### FDD Informal Dispute Resolutions by Region Number of Citations and Resolutions (Federal)

Resolution	Southern	Southeastern	Northeastern	Northern	Western	Total

\*No IDR's for this timeframe

### FDD Informal Dispute Resolutions by Region Number of Citations and Resolutions (State)

Resolution	Southern	Southeastern	Northeastern	Northern	Western	Total
Aspen-Request Withdrawn	1					1
<b>Total</b>	<b>1</b>					<b>1</b>

### FDD Violations of State Codes by Region

Violation Type	Southern	Southeastern	Northeastern	Northern	Western	Total
Class A	1					1
Class B		3				3
Class C						
Correction Order	1		1			2
<b>Total</b>	<b>2</b>	<b>3</b>	<b>1</b>			<b>6</b>

NOTE: Time frame 4/1/06 – 6/30/06

### HFS 134/C50 State Codes with 3 or More Citations\*

State Code	Brief Description	Number
134.60(1)(g)	Resident Safety	3

### FDD Class A and Class B State Violations Cited

Description of Violation	Number
Resident Safety	3
Nursing Services	1
<b>Total</b>	<b>4</b>

### FDD Federal Deficiencies

Level	Total
Condition	2
Standard	33
Element	
Life Safety Code – Standard	8
Life Safety Code- Element	
<b>Total</b>	<b>43</b>

### FDD Tags with 3 or More Citations this Quarter

Tag	Brief Description	Number
W436	Space and Equipment	3

\*Health Only

NOTE: Time frame 4/1/06 – 6/30/06

### FDD Condition Deficiencies

Tag	Brief Description	Number
W122	Client Protections	2
<b>Total</b>		<b>2</b>

### FDD Complaints Received by ACTS Complainant Type

Type	Number
Anonymous	3
Current Staff	1
Entity Self-Report	7
Family	3
<b>Total</b>	<b>14</b>

NOTE: The above data was reported from ACTS

NOTE: Time frame 4/1/06 – 6/30/06

## FDD Complaint Investigation Results By ACTS Subject Area of Complaint

Subject Area	# Unsubstantiated	# Substantiated	Total
Accidents	1	1	2
Admission, Transfer and Discharge Rights	1		1
Injury of Unknown Origin	1		1
Other Services	1		1
Quality of Care/Treatment	1	2	3
Quality of Life	1		1
Resident/Patient/Client Abuse		1	1
Resident/Patient/Client Rights	1		1
<b>Total</b>	<b>7</b>	<b>4</b>	<b>11</b>

NOTE: The above data was reported from ACTS

NOTE: Time frame 4/1/06 – 6/30/06

## **Non-Long Term Care Survey and Complaint Activity**

NOTE: Time frame 4/1/06 – 6/30/06

### Non-Long Term Care (Non-LTC) Providers by Type

Type	Number
Swing Bed Hospital	65
General Acute Hospital	84
Alcohol Hospital	2
Special Psychiatric Hospital	13
Critical Access Hospital	57
Comprehensive Outpatient Rehab Facility	4
Ambulatory Surgical Center	42
End Stage Renal Dialysis	107
Hospice	66
AODA/Mental Health	1161
Prospective Payment Exemption	48
Portable X-Ray	7
Home Health Agency	164
Rural Health Clinic	49
Outpatient Rehabilitation Agency	48
<b>Total</b>	<b>1917</b>

NOTE: Time frame 4/1/06 – 6/30/06

### **Branch/Extension Offices**

<b>Type</b>	<b>Number</b>
AODA/Mental Health	359
Home Health Agency – Branch	51
Hospice – Branch	29
Outpatient Rehab Agency –Extension	75
<b>Total</b>	<b>514</b>

NOTE: Time frame 4/1/06 – 6/30/06

### Non-LTC Surveys Conducted (Verification Visits Not Included)\*

Provider Type	Survey Type	Number
Home Health Agency	Annual	10
	Complaint	11
	Initial Certification/Prelicensure	1
	Extended	1
	Partial Extended	2
	Verification Visit	3
Hospital – General Acute	Complaint	16
	Validation-Complaint	1
Hospital –Critical Access	Complaint	7
Hospital – Special Psychiatric	Annual	1
	Complaint	2
Hospice	Annual	2
	Complaint	4
	Initial Certification/Prelicensure	1
	Initial Certification	1
	Verification Visit	2
Ambulatory Surgery Center	Initial Certification	1
OPT	Annual	1
Rural Health Clinic	Annual	2
	Initial Certification	3
End Stage Renal Dialysis	Annual	8
	Initial Certification	1
	Verification Visit	2
<b>TOTAL</b>		<b>83</b>

\*Heath Counted Only

NOTE: Time frame 4/1/06 – 6/30/06

**Non-LTC Federal Deficiencies  
(All Survey Types)**

<b>Provider Type</b>	<b>Condition</b>	<b>Standard</b>	<b>Element</b>	<b>LSC- Standard</b>	<b>LSC- Element</b>	<b>Total</b>
Critical Access Hosp		3				<b>3</b>
Hospital-Acute	3	30	1	13		<b>47</b>
HHA	1	43				<b>44</b>
Hospice		8				<b>8</b>
Rural Health Clinic		1	7			<b>8</b>
Ambulatory Surgical Ctr		2		6		<b>8</b>
ESRD	1	60				<b>61</b>
Hospital- Psychiatric	3	22		42		<b>67</b>
OPT		4				4
<b>Total</b>	<b>8</b>	<b>173</b>	<b>8</b>	<b>61</b>		<b>250</b>

NOTE: Time frame 4/1/06 – 6/30/06

**HFS 133 State Codes with 3 or More Citations  
(HOME HEALTH AGENCY)**

<b>Tag</b>	<b>Brief Description</b>	<b>Number</b>
133.21(1)	Medical Records	6
133.20(4)	Plan of Treatment	4
133.14(2)(b)	Skilled Nursing Services	4
133.14(2)(e)	Skilled Nursing Services	3
133.17(2)(a)	Home Health Aide Services - Duties	3

**HFS 131 State Codes with 3 or More Citations\*  
(HOSPICE)**

<b>Tag</b>	<b>Brief Description</b>	<b>Number</b>
131.43(3)(b)1	Services – Required Services	3

**HFS 124 State Codes with 3 or More Citations  
(CRITICAL ACCESS, GENERAL ACUTE, GENERAL  
ALCOHOL, SPECIAL PSYCHIATRIC HOSPITALS)**

<b>Tag</b>	<b>Brief Description</b>	<b>Number</b>
124.13(2)(b)2.b	Nursing Services-Patient Care	9
124.14(3)(a)12	Medical Record Services-Responsibilities	4
124.13(6)(b)	Documentation, Staff Meetings/Evaluation	4
124.13(6)(c)	Documentation, Staff Meetings/Evaluation	3
124.14(5)(a)1	Medical Record Services	3

NOTE: Time frame 4/1/06 – 6/30/06

### Non-LTC Complaints Received by ACTS Provider Type

Provider Type	Number
Home Health Agency	22
Hospice	7
Hospital – General Acute	41
Hospital – Psychiatric	8
Hospital – Critical Access	7
ESRD	4
<b>Total</b>	<b>89</b>

NOTE: The above data was reported from ACTS

NOTE: Time frame 4/1/06 – 6/30/06

## Non-LTC Complaints Received by ACTS Complainant Type

Type	Hospice	Gen Hospital	Home Health	Psyc Hosp	Crit Access Hosp	ESRD	Total
Anonymous			2	1		1	4
Coroner		1					1
Current Staff	1		1	1		1	4
Entity Self-Report		1					1
Family	3	24	6	1	3		37
Friend		1	1				2
Other						1	1
Other Health Providers		2	1				3
Other State Agency		1	1				2
Resident/Patient/Client	1	10	9	5	3	1	29
State Survey Agency	2	1	1		1		5
<b>Total</b>	<b>7</b>	<b>41</b>	<b>22</b>	<b>8</b>	<b>7</b>	<b>4</b>	<b>89</b>

NOTE: The above data was reported from ACTS

NOTE: Time frame 4/1/06 – 6/30/06

**Non-LTC Complaint Investigation Results  
By ACTS Subject Area of Complaint –  
General Acute Hospitals**

<b>Subject Area</b>	<b># Unsubstantiated</b>	<b># Substantiated</b>	<b>Total</b>
Admission, Transfer & Discharge		1	<b>1</b>
Emtala Patient Dumping	2	2	<b>4</b>
Infection Control	1		<b>1</b>
Nursing Services		3	<b>3</b>
Other Services	2	1	<b>3</b>
Physician Services		3	<b>3</b>
Quality of Care/Treatment	2	5	<b>7</b>
Resident/Seclusion-General		1	<b>1</b>
<b>Total</b>	<b>7</b>	<b>16</b>	<b>23</b>

NOTE: The above data was reported from ACTS

**Non-LTC Complaint Investigation Results  
By ACTS Subject Area of Complaint –  
Psychiatric Hospitals**

<b>Subject Area</b>	<b># Unsubstantiated</b>	<b># Substantiated</b>	<b>Total</b>
Admission, Transfer & Discharge Rights		1	<b>1</b>
Resident/Patient/Client Rights	1		<b>1</b>
<b>Total</b>	<b>1</b>	<b>1</b>	<b>2</b>

NOTE: The above data was reported from ACTS

NOTE: Time frame 4/1/06 – 6/30/06

**Non-LTC Complaint Investigation Results  
By ACTS Subject Area of Complaint –  
Critical Access Hospital**

<b>Subject Area</b>	<b># Unsubstantiated</b>	<b># Substantiated</b>	<b>Total</b>
Nursing Services	1	2	3
Other Services	1		1
Physician Services	1	1	2
Quality of Care/Treatment	1		1
Restraints/Patient/Client Rights	1		1
<b>Total</b>	<b>5</b>	<b>3</b>	<b>8</b>

NOTE: The above data was reported from ACTS

**Non-LTC Complaint Investigation Results  
By ACTS Subject Area of Complaint –  
Home Health Agencies**

<b>Subject Area</b>	<b># Unsubstantiated</b>	<b># Substantiated</b>	<b>Total</b>
Admission, Transfer & Discharge Rights	1		1
Nursing Services	4		4
Other Services	4	1	5
Quality of Care/Treatment	1	1	2
Resident/Patient/Client Abuse	1		1
Resident/Patient/Client Rights		1	1
<b>Total</b>	<b>11</b>	<b>3</b>	<b>14</b>

NOTE: The above data was reported from ACTS

NOTE: Time frame 4/1/06 – 6/30/06

**Non-LTC Complaint Investigation Results  
By ACTS Subject Area of Complaint –  
Hospice**

<b>Subject Area</b>	<b># Unsubstantiated</b>	<b># Substantiated</b>	<b>Total</b>
Nursing Services	2		<b>2</b>
Other services	1		<b>1</b>
Quality of Care/Treatment	1		<b>1</b>
<b>Total</b>	<b>4</b>		<b>4</b>

NOTE: The above data was reported from ACTS

NOTE: Time frame 4/1/06 – 6/30/06

## **Long Term Care and Non-Long Term Care Enforcement Actions**

NOTE: Time frame 4/1/06 – 6/30/06

### State Forfeitures Processed – Nursing Homes and FDDs

State Class	Total Assessed	Original Amount Due	Actual Amount Due	Amount Paid
<b>A</b>	12	\$ 456,688	\$ 429,528	\$ 50,440
<b>B</b>	54	\$ 751,675	\$ 634,728	\$ 217,188
<b>C</b>	4	\$ 7,069	\$ 7,069	\$ 0
<b>Total</b>	<b>70</b>	<b>\$ 1,215,432</b>	<b>\$ 1,071,324</b>	<b>\$ 267,628</b>

### State Forfeitures Processed – Hospice

# of Invoices Issued	Actual Amount Due	Amount Paid
3	\$ 2,630	\$ 2,630

NOTE: Time frame 4/1/06 – 6/30/06